

PLACE IN  
FEB 28 2002

February 26, 2002

Fedex Tracking # 790323589634

Hazardous Waste Program  
Missouri Department of Natural Resources  
1738 E. Elm St.  
Jefferson City, MO 65101

Dear Hazardous Waste Program

Enclosed Are the 2001 EPA Biennial Reports for the following facilities:

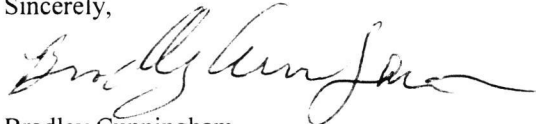
North American Galvanizing Company – St. Louis, MO ID 003316

North American Galvanizing Company – Kansas City, MO ID 001107

The reports were completed using the 2001 EasiTrak software, however, North American Galvanizing is submitting printed paper copies of the reports. If you have any questions please contact me at 918-524-1529.

Thanks,

Sincerely,



Bradley Cunningham  
Process Engineer  
Cc: David George  
Alvin Love



R00407061  
RCRA RECORDS CENTER

30 MAY 2002  
QA/QC'd KRC-TRI-002

12 APR 2002

KS T-12

<b>MAIL THE COMPLETED FORM</b> <b>TO:</b> The Appropriate EPA Regional or State Office	United States Environmental Protection Agency <b>RCRA SUBTITLE C SITE IDENTIFICATION FORM</b>		
<b>1. Reason for Submittal and Status of Information Supplied (see instructions on pages 10 and 11)</b>  CHECK CORRECT BOX(ES)	<b>A. Reason for Submittal:</b> <input type="checkbox"/> To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities). <input type="checkbox"/> To provide subsequent notification (to update site identification information). <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application. <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment# _____) <input checked="" type="checkbox"/> As a component of the Hazardous Waste Report.		
<b>2. Site EPA ID Number</b> (see instructions on page 11)	<b>EPA ID Number:</b> MOD006284335		
<b>3. Site Name (see instructions on page 11)</b>	<b>Legal Name:</b> North American Galvanizing Co.-St. Louis		
<b>4. Site Location Information (see instructions on page 11)</b>	<b>Street Address:</b> 1461 Kin-Ark Court		
	<b>City, Town, or Village:</b> Saint Louis	<b>State:</b> MO	
	<b>County Name:</b> Saint Louis	<b>Zip Code:</b> 63132	
<b>5. Site Land Type (see instructions on page 11)</b>	<b>Site Land Type:</b> <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
<b>6. North American Industry Classification System (NAICS) Code(s) for the Site (see instructions on page 11)</b>	<b>A.</b> 332812	<b>B.</b>	
	<b>C.</b>	<b>D.</b>	
<b>7. Site Mailing Address (see instructions on page 12)</b>	<b>Street or P.O.</b> 1461 Kin-Ark Court		
	<b>City, Town, or Village:</b> St. Louis		
	<b>State:</b> MO		
	<b>Country:</b> UNITED STATES	<b>Zip Code:</b> 63132	
<b>8. Site Contact Person (see instructions on page 12)</b>	<b>First Name:</b> David	<b>MI:</b>	<b>Last Name:</b> George
	<b>Phone Number:</b> 3149931562		<b>Phone Number Extension:</b>
<b>9. Legal Owner and Operator of the Site (see instructions on pages 12 and 13)</b>	<b>A. Name of Site's Legal Owner:</b> North American Galvanizing Company		<b>Date Became Owner (mm/dd/yyyy):</b> 11/26/1996
	<b>Owner Type:</b> <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
	<b>B. Name of Site's Operator:</b> Same		<b>Date Became Operator (mm/dd/yyyy):</b>
	<b>Operator Type:</b> <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		

### A. Hazardous Waste Activities

(choose only one of the following three categories)

- In addition, indicate other generator activities (check all that apply)**

- For Items 2 through 6, check all that apply:**

- ## B. Universal Waste Activities

<u>Generated</u>	<u>Accumulated</u>
100	100
100	200
100	300
100	400
100	500
100	600
100	700
100	800
100	900
100	1000
100	1100
100	1200
100	1300
100	1400
100	1500
100	1600
100	1700
100	1800
100	1900
100	2000
100	2100
100	2200
100	2300
100	2400
100	2500
100	2600
100	2700
100	2800
100	2900
100	3000
100	3100
100	3200
100	3300
100	3400
100	3500
100	3600
100	3700
100	3800
100	3900
100	4000
100	4100
100	4200
100	4300
100	4400
100	4500
100	4600
100	4700
100	4800
100	4900
100	5000
100	5100
100	5200
100	5300
100	5400
100	5500
100	5600
100	5700
100	5800
100	5900
100	6000
100	6100
100	6200
100	6300
100	6400
100	6500
100	6600
100	6700
100	6800
100	6900
100	7000
100	7100
100	7200
100	7300
100	7400
100	7500
100	7600
100	7700
100	7800
100	7900
100	8000
100	8100
100	8200
100	8300
100	8400
100	8500
100	8600
100	8700
100	8800
100	8900
100	9000
100	9100
100	9200
100	9300
100	9400
100	9500
100	9600
100	9700
100	9800
100	9900
100	10000

- ### C. Used Oil Activities

☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner


☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

[illegible]

**B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes.** Please list the waste codes of the State-regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed for waste codes.


**12. Comments (see instructions on page 17)**

**13. Certification** I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the the possibility of fine and imprisonment for knowing violations. (see instructions on page 17)

Signature of owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm-dd-yyyy)
	David George Plant Manager	2-18-02

SITE NAME: North American Galvanizing Co.-St. Louis

EPA ID NO: MOD006284335

**U.S. ENVIRONMENTAL  
PROTECTION AGENCY**

2001 Hazardous Waste Report

**FORM  
GM**

**WASTE GENERATION  
AND MANAGEMENT**

Instructions: Please see the detailed instructions beginning on page 19 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

<b>Sec.1</b>	A. Waste description (page 22) Waste Hydrochloric Acid, Solution				
B. EPA hazardous waste code (page 22) D002 D006 D007 D008			C. State hazardous waste code (page22)		
D. Source code (page23) Management Method code for Source code G25	E. Form code (page23) W103	F. RCRA radioactive mixed (page23) <input type="checkbox"/> Yes	G. Quantity generated in 2001 (page 23) 40700	H. UOM (page 23) 5 Density 1.4 <input type="checkbox"/> lbs/ga <input checked="" type="checkbox"/> sg	

<b>Sec. 2</b>	Was any of this waste managed on site ? (page24) <input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC.3)		
<b>ON-SITE PROCESS SYSTEM 1</b>		<b>ON-SITE PROCESS SYSTEM 2</b>	
On-site Management Method code (page 24 )	Quantity treated, disposed, or recycled onsite in 2001 (page 25)	On-site Management Method code (page 24)	Quantity treated, disposed, or recycled on site in 2001 (page 25)

<b>Sec. 3</b>	A. Was any of this waste shipped off site in 2001 for treatment, disposal, or recycling? (pages25 and 26) <input checked="" type="checkbox"/> 1Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)		
Site 1	B. EPA ID No. of facility to which waste was shipped (page 26) OHD020273819	C. Off-site Management Method code Shipped to (page 26) H134	D. Total quantity shipped in 2001 ( page 26) 40700
Site 2	B. EPA ID No. of facility to which waste was shipped (page 26)	C. Off-site Management Method code Shipped to (page 26)	D. Total quantity shipped in 2001 (page 26)
Site 3	B. EPA ID No. of facility to which waste was shipped (page 26)	C. Off-site Management Method code Shipped to (page 26)	D. Total quantity shipped in 2001 (page 26)

Comments: